

City of Newton



Setti D. Warren  
Mayor

**HEALTH AND HUMAN SERVICES DEPARTMENT**

Dori Zaleznik, MD, Commissioner

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updated 2/11

**PRACTITIONER OF BODY ART**  
**APPLICATION FOR INDIVIDUAL LICENSE**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RES. ADDRESS: \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

HOME TEL. # \_\_\_\_\_

PROSPECTIVE EMPLOYER(S): NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME OF BODY ART SCHOOL OR TRAINING SPECIALIST: \_\_\_\_\_

ADDRESS OF SCHOOL OR SPECIALIST: \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PLEASE SUPPLY THE FOLLOWING INFORMATION REGARDING YOUR TRAINING:  
ACCEPTABLE COURSES MUST INCLUDE THE FOLLOWING:

- BLOODBORNE PATHOGEN TRAINING PROGRAM (U.S. OSHA)
- PREVENTING DISEASE TRANSMISSION (AMERICAN RED CROSS)
- FIRST AID AND CPR
- COURSE ON ANATOMY (EXAMINATION ON ANATOMY OR TRAINING AND EXPERIENCE)
- COURSE ON SKIN DISEASES, DISORDERS AND CONDITIONS, INCLUDING DIABETES, OR COMPLETED AN EXAMINATION ON SKIN DISEASES, DISORDERS AND CONDITIONS, INCLUDING DIABETES, OR POSSESSES A COMBINATION OF TRAINING AND EXPERIENCE.

I HAVE RECEIVED AND READ THE NEWTON HEALTH DEPARTMENT'S "RULE AND REGULATIONS COVERING THE PRACTICE OF BODY ART".

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

\_\_\_\_\_  
SOCIAL SECURITY OR FED ID#

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL

SUBMIT PHOTOCOPIES OF ANY DIPLOMAS FROM TRAINING SCHOOLS FOR ANY COURSES INCLUDED. RETURN APPLICATION AND \$75.00 YEARLY FEE, PAYABLE TO THE "CITY OF NEWTON" TO THE ABOVE ADDRESS.

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